



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1455

DATE: January 15, 2015

TO: Iowa Medicaid Ambulance Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Ambulance Services Defined

EFFECTIVE: Upon Receipt

The IME is clarifying the definitions of ground ambulance service and billing modifiers that are accepted when billing for emergency medical transportation. To be covered, ambulance services must be medically necessary and reasonable. The ambulance service must meet all program coverage criteria in order for payment to be made. That is, the transport must be to obtain a Medicaid covered service, or to return from such a service.

All definitions are based upon Medicare reference available [on the Centers for Medicare and Medicaid Services \(CMS\) website](#)¹.

Ambulance Definitions

Advanced Life Support (ALS) Personnel are individuals trained to the level of the Emergency Medical Technician-Intermediate (EMT-Intermediate), Advanced EMT or EMT-Paramedic.

Assessment

An ALS assessment is performed by an ALS crew as part of an emergency response that is necessary because the patient's reported condition at the time of dispatch is such that only an ALS crew is qualified to perform the assessment. An ALS assessment alone does not necessarily result in a determination that the patient requires an ALS level of service.

Intervention

An ALS intervention is a procedure that is in accordance with state and local laws and required to be performed by an EMT-Intermediate, Advanced EMT, or EMT-Paramedic.

Emergency Response

Emergency response is a Basic Life Support (BLS) or ALS1 level of service that has been provided in immediate response to a 911 call or the equivalent. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

¹ www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R130BP.pdf

Medical Necessity

Medical necessity is established as such that use of any other method of transportation is contraindicated by the patient's condition. In cases where some means of transportation, other than an ambulance, could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance services.

Non-Emergent A0428

BLS is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State Emergency Medical Services (EMS) Treatment Protocols. The ambulance must be staffed at a minimum by an individual who is qualified in accordance with state and local laws as an EMT.

Emergency A0429

BLS emergency is transportation by a ground ambulance vehicle that has been provided in an immediate response to a 911 call or the equivalent. This includes the provision of medically necessary supplies and services as defined by the State EMS protocols.

Advanced Life Support, Level 1 (ALS1) Definitions**Non-Emergent A0426**

ALS1 non-emergent is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or an ALS intervention.

Emergency A0427

ALS1 emergency requires an "emergency response" as defined above plus either a qualifying "ALS assessment" or an "ALS intervention". Assessments/interventions should be documented in the patient's reported condition. An ALS assessment alone does not necessarily result in a determination that the patient requires an ALS level of service.

Advanced Life Support, Level 2 (ALS2) Definition**Emergency A0433**

The ALS2 is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- Manual defibrillation/cardioversion;
- Endotracheal intubation;
- Central venous line;
- Cardiac pacing;
- Chest decompression;
- Surgical airway; or
- Intraosseous line.

*All mileage must be submitted on the same claim as the base rate.

Billing Modifiers

All ambulance base rate codes require an additional two-letter modifier code. Use the first letter to identify the location of the pick-up and the second letter to identify the destination.

Billing Modifiers

Modifier	Description
D	Diagnostic or therapeutic site other than “P” or “H” when these codes are used as origin codes
E	Residential, domiciliary, or custodial facility
G	Hospital-based dialysis facility
H	Hospital
I	Site of transfer between types of ambulance vehicles (e.g., airport or helicopter pad)
J	Non-hospital-based dialysis facility
N	Skilled nursing facility (SNF)
P	Physician’s office (includes HMO non-hospital facility, clinics, etc.)
R	Residence
S	Scene of accident or acute event
X	Destination code only- intermediate stop at physician’s office on the way to the hospital (includes HMO non-hospital facility, clinic, etc.)

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.